

1. Grantee: _____

Project: _____

Fiscal Agency: _____

Grant Number: _____ FY: _____ WP: _____

2. Type of Modification:

- ☐ Budget adjustment exceeding 10% clause allowance.
- ☐ Request for additional funding.
- ☐ Request for reduced funding.

3. Budget Category	Current Budget	Proposed Adjustment	Revised Budget
a. Salaries & Benefits			
b. Library Materials			
c. Operating Expenses			
d. Equipment			
e. Indirect Costs			
f. Totals			

4. Justification for modification: (For additional space, use next page)

5. Project Director: _____ (Signature) Date: _____ E-mail: _____ Phone: _____

Financial Officer: _____ (Signature) Date: _____ E-mail: _____ Phone: _____

CSL USE ONLY: State Librarian: _____ (Signature) Date: _____ Approved / Disapproved (Circle One)

Fiscal Review: _____ LDS Primary Consultant: _____ (Signature) Date: _____ Approved / Disapproved (Circle One)

Upon approval by the State Librarian, the above requested grant award modification constitutes an official amendment to the Consolidated Application and Grant Award Certification document number _____. All amendments must remain a part of all existing copies of the document.

NOTE – Final budget modifications must be submitted for approval prior to end of grant period

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4. Justification for modification (extra space):